

Guide for Review of Relocation of Non-Residential Displaced Person -- Individual Case File			
Name of Program Participant:			
Staff Consulted:			
Project Name and No:		Funding Source:	
Parcel No.:			
Name(s) of Reviewer(s)		Date	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: This Exhibit is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain non-residential tenants and owner-occupants who are displaced as a direct result of HUD-assisted projects. The sampling guidance included in the introduction to this Chapter is to be followed but, generally, the displacement sample shall include completed cases in which payments have been made. However, if necessary to provide a representative sample, other cases may be included. The sample should provide a basis to determine not only whether payments were computed properly and made promptly, but also whether displaced persons received the full range of relocation payments and services to which they were entitled. Cases in which an appeal has been filed or the program participant has determined that a person is ineligible for relocation assistance shall be given a high priority. The sample of cases should include tenants and owner-occupants.

Questions:

1. Client Information

Provide the following client information:
Name(s) of Person(s) Displaced: _____
Telephone Number(s): _____
Address From Which Displaced: _____
Address of Replacement Property: _____
Date of Initial Occupancy: _____
Date Final Move Completed: _____
Describe Basis for Conclusion:

2.

a. Occupant Characteristics: Check As Appropriate: <input type="checkbox"/> Owner-occupant <input type="checkbox"/> Lawfully present in U.S. <input type="checkbox"/> Tenant <input type="checkbox"/> Not lawfully present in U.S.	
b. Check All That Apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Business Reestablished <input type="checkbox"/> Any Other Non-Natural Person (e.g., limited liability company, unit of general local government) </div> <div> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Business Discontinued </div> </div>	
c. Racial/Ethnic Data (Check one or more, if applicable) <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American <input type="checkbox"/> Other Multi-racial	
Describe Basis for Conclusion:	

3.

<p>Is there evidence that the displaced person was personally interviewed to determine his/her relocation needs and preferences and to explain his/her rights and options? (NOTE: Evidence at a minimum should include information on the businesses' replacement site requirements, the need for outside specialists, identification and resolution of personalty/realty issues, estimate of time required for the business to vacate the site, an estimate of anticipated difficulty in locating a replacement site and identification of any required advance relocation payments.) [49 CFR 24.9; 24 CFR 24.205(c)(2)(i)]</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Describe Basis for Conclusion:</p>		

4.

<p>Does the file contain a written General Information Notice? (If yes, include date of GIN in response below.) [49 CFR 24.9; 49 CFR 24.203(a)]</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Describe Basis for Conclusion:</p>		

5.

<p>If the answer to question 4 is "yes," did the General Information Notice:</p>			
<p>a. Inform the person that displacement may occur and generally describe the relocation payment(s) for which the person may be eligible? [49 CFR 24.203(a)(1)]</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>b. Inform the person that the person will be given reasonable relocation advisory services, including referrals to replacement properties, help in filing payment claims, and other necessary assistance to help the person successfully relocate? [49 CFR 24.203(a)(2)]</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>c. Inform the person that the person will not be required to move without at least 90 days advance written notice and that the person cannot be required to move permanently unless at least one comparable replacement dwelling has been made available? [49 CFR 24.203(a)(3)]</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>d. Inform the displaced person that any person who is an alien not lawfully present in the United States is ineligible for relocation advisory services and relocation payments, unless such ineligibility would result in exceptional and extremely unusual hardship to a qualifying spouse, parent, or child?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

[49 CFR 24.203(a)(4)]	
e. Describe the person's rights to appeal the program participant's determination as to the person's application for assistance? [49 CFR 24.203(a)(5)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
f. Include the pertinent HUD information booklet(s) or the equivalent?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

6.

Does the file contain a Notice of Eligibility for Relocation Assistance? (If yes, include the date of the Notice of Eligibility in response below.) [49 CFR 24.9; 49 CFR 24.203(b)]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion:	

7.

If the answer to question 6 above is "yes," does the Notice of Eligibility:			
a. Inform the business of its eligibility or relocation assistance effective on the date of the initiation of negotiations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Adequately explain to the business the assistance, the estimated amount of assistance and the procedures for obtaining the assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

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c. Adequately explain to the business the moving expense choices that are available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Describe Basis for Conclusion: 			

8.

Was the displaced person provided information on the availability, purchase prices, and rental costs of suitable replacement sites? [49 CFR 24.205(c)(2)(iii)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

9.

Does the file contain evidence that advisory services were provided in accordance with 49 CFR 24.205(c)? [49 CFR 24.9]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

10.

Was a 90-day notice issued? (If yes, include the date of the 90-day notice in response below.) [49 CFR 24.203(c)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

11.

If the answer to question 10 is “yes,” did the 90-day notice state a specific date by which the displaced person would be required to move?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

12.

If the answer to question 11 is “no,” was a 30-day vacate notice issued? (If yes, include the date of the 30-day notice in response below.)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

13.

Does file contain evidence that the displaced person received a payment for moving and related expenses? [49 CFR 24.9; 49 CFR 24.301(a)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

14.

Was the payment for moving and related expenses a payment for:		
a. Actual Expenses pursuant to 49 CFR 24.301(d)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
b. Fixed Payment In Lieu of Actual pursuant to 49 CFR 24.305?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
c. Reestablishment Expenses pursuant to 49 CFR 24.304?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
d. Self-Move (may be a combination) pursuant to 49 CFR 24.301(d)(2)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

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15.

Was the computation correctly calculated for the following: (If not, explain.)			
a. Actual Expenses? [49 CFR 24.301(d)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Fixed Payment In Lieu of Actual? [49 CFR 24.305]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. Reestablishment Expenses? [49 CFR 24.304]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. Self-Move (may be a combination)? [49 CFR 24.301(d)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion: 			

16.

Provide the following information:	
Date Claim Filed: _____	Amount Claimed: _____
Date Claim Paid: _____	Amount Paid: _____
Describe Basis for Conclusion: 	

17.

Were the following notices personally served or sent registered or certified mail, return receipt requested: [49 CFR 24.5]			
a. General Information Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Notice of Eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. 90-Day Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

d. 30-Day Notice to Vacate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

18.

a. If a written appeal or complaint was filed by the displaced person, did the program participant promptly review the appeal in accordance with the requirements of 49 CFR Part 24? [49 CFR 24.10 (for appeals)]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

b. If the answer to a, above is yes, did the program participant seek HUD's review of the appeal or complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

c. How was the appeal or complaint handled?
Describe Basis for Conclusion: